(X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 C B. WING HAL006007 02/11/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6255 US HIGHWAY 19 EAST **CRANBERRY HOUSE** NEWLAND, NC 28657 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of Complaint Survey by Dennis Harrell on 2-10-2015 through 2-11-2015. The complaint alleged the facility's fire sprinkler system was out of service and the facility stopped performing a Fire Watch. Records indicate this facility was first licensed or submitted 3-25-1998, for a capacity of 60. Therefore the facility was surveyed for conformance with the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for Adult Care Homes of Seven or More Beds, and the 1996 North Carolina Building Code for Institutional Unrestrained Occupancies. The Complaint was substantiated. Deficiencies were cited that will require a plan of correction. C 116 Plans Submittals and Approvals C 116 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0304 PLANS AND **SPECIFICATIONS** (a) When construction or remodeling of an adult care home is planned, two copies of Construction Documents and specifications shall be submitted by the applicant or appointed representative to the Division for review and approval. As a preliminary step to avoid last minute difficulty with final plan approval, Schematic Design Drawings and Design Development Drawings may be submitted for approval prior to the required submission of Construction Documents. (b) Approval of Construction Documents and specifications shall be obtained from the Division

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

prior to licensure. Approval of Construction Documents shall expire after one year unless a

> TITLE (X6) DATE

NAME OF PROVIDER OR SUPPLIER CRANBERRY HOUSE (24) ID PREFIX TAGS (24) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) C 116 C	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER CRANBERRY HOUSE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG TAG COMPLETE DEFICIENCY TAG CONSTREFERENCED TO THE APPROPRIATE DEFICIENCY COMPLETE DATE COMPLETE CACHOCORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMPLETE CACHOCORRECTIVE COMPLETE CACHOCORRECTIVE COMPLETE CACHOCORRECTIVE CACHOCORRECTIVE COMPLETE CACHOCORRECTIVE COMPLETE CACHOCORRECTIVE CACHOCORRECTIVE CACHOCORRECTIVE CACHOCORRECTIVE CACHOCORRECTIVE CACHOCORRECTIVE CACHOCORRECTIVE CACHOCORRECTIVE CACHOCORR	AND PLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:	01		
CRANBERRY HOUSE SUMMARY STATEMENT OF DEFICIENCIES NEWLAND, NC 28657			HAL006007	B. WING			
(X4) ID PREFIX TAG (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE COMPLETE DATE CONTINUED From page 1 C 116 C 116 C 116 C 117 C 117 C 118 C	NAME OF PROVIDER OR SUPPLIER STREET ADI			DRESS, CITY, S	STATE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE C 116 Continued From page 1 Duilding permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall	CRANBERRY HOUSE 6255 US H						
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) C 116 Continued From page 1 building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall				-			
building permit for the construction has been obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI	D BE	COMPLETE
obtained. (c) If an approval expires, renewed approval shall be issued by the Division, provided revised Construction Documents meeting all current regulations, codes and standards are submitted by the applicant or appointed representative and reviewed by the Division. (d) Any changes made during construction shall require the approval of the Division to assure that licensing requirements are maintained. (e) Completed construction or remodeling shall conform to the requirements of this Section including the operation of all building systems and shall be approved in writing by the Division prior to licensure or occupancy. Within 90 days following licensure, the owner or licensee shall	C 116	Continued From pa	ge 1	C 116			
built" drawings have been received from the builder. (f) The applicant or designated agent shall notify the Division when actual construction or remodeling starts and at points when construction is 50 percent, 75 percent and 90 percent complete and upon final completion. This Rule is not met as evidenced by: Based on observation and interview of staff, the fire sprinkler system has not been functional since 10/14/2014. A project has been submitted and approved to modify the sprinkler system to become functional and reliable again. See Rule (f) listed above: Please notify the Construction Section when actual construction starts and at points when construction is 50 percent, 75 percent and 90		building permit for to obtained. (c) If an approval eshall be issued by the Construction Docur regulations, codes aby the applicant or reviewed by the Dividia Any changes morequire the approvalicensing requirements (e) Completed conconform to the required to licensure or occuping for the approved into licensure or occuping licensure, submit documentate built drawings have builder. (f) The applicant of the Division when a remodeling starts a is 50 percent, 75 percomplete and upon this Rule is not mediate built approved to mediate b	he construction has been xpires, renewed approval he Division, provided revised ments meeting all current and standards are submitted appointed representative and rision. ade during construction shall all of the Division to assure that ents are maintained. struction or remodeling shall airements of this Section tion of all building systems and an writing by the Division prior repancy. Within 90 days the owner or licensee shall ion to the Division that "as the been received from the and designated agent shall notify cetual construction or and at points when construction final completion. The tas evidenced by: on and interview of staff, the an has not been functional A project has been submitted and reliable again. Above: onstruction Section when starts and at points when				

Division of Health Service Regulation STATE FORM

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.		C	,
		HAL006007	B. WING			, 1/2015
NAME OF PROVIDER OR SUPPLIER STREET ADD		ORESS, CITY, S	STATE, ZIP CODE			
CRANBERRY HOUSE		HIGHWAY 19				
(V4) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES	D, NC 28657)NI	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
C 179	Continued From pa	ge 2	C 179			
C 179	Fire Alarm System-	Shall Transmit Automatic	C 179			
	(a) The fire alarm s shall be able to tran automatically to the department dispate	PHYSICAL PLANT 07 FIRE ALARM SYSTEM system in adult care homes asmit the fire alarm signal local emergency fire h center, either directly or ation monitoring company				
	This Rule is not met as evidenced by: Based on observation, the fire alarm system was not able to consistently send an automatic signal to the central station monitoring company. Failure to send an automatic signal to the monitoring company could put all residents, staff and visitors in danger by delaying the arrival of the fire department in an actual fire. Findings on 02/10/2015 include: When the fire alarm system was tested 3 times, the fire alarm system sent an automatic signal only once. Findings on 02/11/2015 include: A technician from the telephone company was onsite and confirmed the transmission lines contained too much interference for the signal to be received by the central station monitoring company. The technician was given authorization to connect the Plain Old Telephone System (POTS) lines to the fire alarm system and when the fire alarm system was tested 3 times, the central statien monitoring company recieved the signal all 3 times.					
C 189	Building Equipment	Maintained Safe, Operating	C 189			

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
	HAL006007	B. WING		02/1	; 1/2015
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CRANBERRY HOUSE		HIGHWAY 19 D, NC 28657			
PREFIX (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CONTROL OF THE STATE OF	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
mechanical, and plucare home shall be operating condition. (k) This Rule shall a facilities with the exception which shall not apply. This Rule is not me Based on observation facility was not main because of a disable no Fire Watch was in sprinkler system convisitors in danger under measures are put in the sprinkler system approximately 8 feet building of about 10 100 feet away from for the fire pump is a spond/reservoir, about only about 7 feet away building. Interview with facility 10/14/2014, the facility 10/14/2014, the facility 10/14/2014, the facility 10/14/2014 was supervisory circuits a pump control panels pump was turned of	HYSICAL PLANT I1 OTHER d all fire safety, electrical, imbing equipment in an adult maintained in a safe and apply to new and existing ception of Paragraph (e) y to existing facilities. It as evidenced by: on and interview of staff, the stained in a safe condition and fire sprinkler system and in place. A disabled fire all put all residents, staff and alless adequate interiminal place. In uses a fire pump, set to below ground, in a small feet by 10 feet, located about the facility. The water source	C 189			

Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMPI	
			A. BUILDING:	01		
		HAL006007	B. WING		02/1	; 1/2015
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CRANBERRY HOUSE 6255 US H			HIGHWAY 19			
			D, NC 28657			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 4	C 189			
	functional since tha	t date.				
		view and interview, the facility				
		a fire watch when the Avery Specialist arrived to perform				
		gation on 02/06/2015. Records				
	indicate the Fire Wa	atch was promptly reinstated				
		has continued through the				
	6:30 pm on 02/11/2	on Surveor left the facility at 015. The Plan of Protection in				
		fire watch protocol would				
		il the sprinkler systems are				
	working properly.					

Division of Health Service Regulation STATE FORM